DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT STORMONG PROSENTED 10 ine Commission of the

TO BE COMPLETED BY EMPLOYEE

5-18-16 , arco hearing.

Employee No.		r	1179		Phone No. 909-388-0480 For the Month-of_						Aprile 1001110.				
Occup. Unit		E;	xempt												
Assigned Hdatrs.		San B	ernardino				Principal place of residen		idence	e Redlands					
			(City)							(City)					
	WHEN		PRIVATE	WHE			WHY		BLD		LS, LODGII	NG AND OTHE Expens			
Date	Time From	Time To	MILEAGE	City of De			Purpose		J	Amount					
04/23/16	ļ			Yucca Valley	у	Wonder Valle	y CSD Meeting	3		14.86	Breakfa	ast - Rollin	gs-McDon	ald	
05/18/16				Yucca Valley	У	SBCSD Meet	ing			31.00	Dinner	- Rollings-	McDonald		
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TOTAL MILES TH	IS CLAIM:		0	J	¢ =	\$			MILEA	GE AMOUNT	EXPE	NSES			
								SUB TOTAL		COL AMOUNT		45.86			
							LES	SS ADVANCE	100				TOTAL CLA	ME	
								TOTAL	\$		\$	45.86 \$		45.86	
The undersigned decited no part thereof he by the County. Signed	clares under pe as been previo	enalty of perju pusly baid. In	iry that the exclaiming rein	nbursement for pr	claimed were rivate auto m	ileage, I hereby cen	ding to County Bus tify that I have a va Approved	ilid California Dri	ver's Lic	ense and that	established I carry ve	by the Board hicle liability i	d of Supervis	ors, and required	
Signed /	Cla	aimant	··· · · · · · · · · · · · · · · · · ·	Mail Gode	Date	e		Authorized S	Signer (Pri	nt and Sign)		-			
	U							James V. C	uratalo						